

DEPARTMENT OF HEALTH SERVICES

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June 15, 2000

CHDP Provider Information Notice No. 00-03

CLPP Provider Information Notice NO. 00-A

**TO: CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
PROGRAM PROVIDERS, AND MEDI-CAL MANAGED CARE
PLANS**

SUBJECT: SCREENING CHILDREN FOR LEAD POISONING

The purpose of this Information Notice is to advise you of changes in CHDP policy and procedures for screening for lead poisoning. The background information leading to these changes, including the current Childhood Lead Poisoning Prevention (CLPP) Branch screening policy, is discussed. Reminders about billing and reimbursement for blood lead testing and referral of children with elevated blood lead levels are also included.

Revised CHDP Policy

All children receiving health services through CHDP are considered at high risk for lead poisoning. The intent of the revised CHDP policy is to see that these children receive blood lead testing. While blood lead testing was previously requested for CHDP children, it has not consistently been done.

Effective the date of this letter, all children receiving health services through CHDP must have blood lead testing performed at 12 and 24 months of age. Blood lead testing must also be performed between 12 and 24 months if testing was not done at 12 months and between 24 and 72 months in children who were not previously tested or who missed the 24 month test. Lead levels may be measured at times other than those specified if thought indicated by the medical provider or in response to parental concerns.

Because they are known to be at high risk for lead poisoning, use of the lead poisoning risk assessment questionnaire is no longer required for children receiving health services through CHDP. Screening efforts should instead be directed to assuring that these children receive blood lead testing. Anticipatory guidance to provide an environment safe from lead, shall still be included as part of each health assessment visit from 6 to 72 months of age.

Background to Revised CHDP Policy

Federal and State Reports

The Federal General Accounting Office (GAO) released a report in January 1999, entitled "Lead Poisoning: Federal Health Programs Are Not Effectively Reaching At-Risk Children."¹ This report pointed out that children served by Federal health programs remain at significant risk for elevated blood lead levels.

The GAO analyzed data gathered by the Centers for Disease Control and Prevention (CDC) in 1991- 1994. They found that 77 percent of the one to five year old children with elevated blood lead levels (≥ 10 ug/dl) were from low income families and participating in Federal health programs such as Medicaid (Medi-Cal in California) or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Eighty-three percent of children with blood lead levels ≥ 20 ug/dl were enrolled in Medicaid.

Overall, 8.5 percent of children enrolled in Medicaid or targeted by Federal health care programs had blood lead levels ≥ 10 ug/dl. This was almost five times the rate of elevated lead levels found in children who were not in Federal health programs. Yet, almost two-thirds of the children with elevated blood lead levels had not been tested for lead poisoning prior to the CDC evaluation. The complete GAO report can be obtained on the web at www.gao.gov.

In April 1999, the California State Auditor also released a report entitled, "Department of Health Services: Has Made Little Progress in Protecting California's Children From Lead Poisoning"² This California specific report concluded that less than 10 percent of the children needing medical care and case management related to lead poisoning are being identified and that less than 25 percent of the low income children who receive health services through CHDP and Medi-Cal are having blood lead levels tested. Because of low testing rates and limited laboratory reporting of lead levels, the true extent of lead poisoning in California still remains unknown.

National Recommendations and Requirements for Lead Screening

The CDC points out that blood lead levels of 10 ug/dl are associated with harmful effects on children's learning and behavior.³ Currently the CDC recommends a targeted approach to screening, in which blood lead testing is carried out in all

children viewed as being at risk for lead poisoning.³ This includes children who receive services from public assistance programs, such as Medicaid and WIC. Other children at risk are those who live in areas with a high percentage of old housing, since old housing may have deteriorating lead based paint.

The Federal Health Care Financing Administration (HCFA) requires that Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) services include screening blood lead tests for all children enrolled in Medicaid. These are to be performed at 12 and 24 months, the age period when children are most at risk for lead poisoning. A screening blood lead test is also required in children over the age of 24 months, up to 72 months, for whom no record of a previous screening blood lead measurement exists. Previous HCFA requirements for using a lead poisoning risk assessment questionnaire in the Medicaid population were dropped in 1998.

California Childhood Lead Poisoning Prevention (CLPP) Branch, Targeted Screening Policy

In response to the findings and recommendations described above, the CLPP Branch published a targeted California lead screening policy, designed to increase identification and treatment of lead poisoning.⁴ This policy calls for blood lead testing in all children eligible to receive services from public assistance programs, such as CHDP, Medi-Cal, WIC, or Healthy Families. Blood lead tests are to be performed at age 12 and 24 months and in children between the ages of 24 and 72 months who have not been previously tested or who missed the 24 month test. The personal risk assessment questionnaire, which was formerly used as part of screening, is no longer required in this population.

In contrast, children not receiving health services through CHDP or Medi-Cal or not eligible for other public assistance services should be assessed for risk of lead poisoning by use of a questionnaire, which identifies children who may be exposed to deteriorating paint or recent renovation in housing built before 1960. A positive or an unclear response requires blood lead testing. Blood testing will also be carried out at parental request or medical provider discretion. The statewide targeted screening policy is considered the minimum standard for lead screening. Local CLPP programs and communities are able to adopt additional risk assessment questions and define geographic areas of high risk, that lead to blood lead testing.

Blood Lead Testing: Requirements, Billing and Reimbursement

A screening blood lead specimen may be obtained by a venous or fingerstick technique, though venous blood is preferred. Fingerstick samples are only to be obtained using established protocols and providers intending to collect fingerstick samples must receive training provided by local CLPP programs. Providers may bill CHDP for obtaining either venous or fingerstick blood samples and will be reimbursed \$ 4.86. Please bill using CHDP Code number 15.

Analysis for blood lead concentration must be performed by a laboratory on the current proficiency list of the California Blood Lead Proficiency Assurance Program of the State Environmental Health Laboratory. A list of these laboratories is available through your local CHDP program. Laboratories wishing to be approved for blood lead analysis should refer to CHDP Provider Information Notice No. 98-6. Approved CHDP Blood Lead Laboratory providers may bill, and will be reimbursed a maximum of \$ 22.45 per test. This fee includes blood drawing, when the same provider performs both blood drawing and blood lead analysis. Please bill using CHDP code number 15 and include the test results in the comments section of the PM 160 form. Blood drawing and analysis for lead screening will usually be carried out at 12 and 24 months of age. If lead testing is done at other times, please include an explanation in the comment section of the PM 160.

Follow-up Testing and Management of Elevated Blood Lead Levels

A follow-up venous blood sample should be obtained to confirm all screening blood lead levels of ≥ 10 ug/dl. Basic management guidelines for children with elevated blood lead levels are given in Table 704.1 in the CHDP Health Assessment Guidelines binder. Updated management information is available from your local CHDP program or local CLLP program.

Children with confirmed blood lead levels ≥ 20 ug/dl should be referred to California Children's Services (CCS) for authorization for medical care and case management, and to Childhood Lead Poisoning Prevention for investigation and recommendation with respect to lead exposure. Blood lead levels ≥ 45 ug/dl indicate a high exposure and require confirmation in less than 48 hours and rapid referral to CCS, the local CLPP program and for medical care. Values between 60 to 69 ug/dl should be confirmed within 24 hours and rapidly referred, as above. Lead levels at and above 70 ug/dl are a medical emergency.

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Questions

If you have any questions about lead poisoning or the required lead screening, please contact your local CHDP office or CLPP program. A current list of CLPP programs is enclosed.



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Enclosure

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References

- 1) U.S. General Accounting Office: Lead Poisoning: Federal Health Care Programs Are Not Effectively Reaching At-Risk Children. HEHS-99-18.
- 2) California State Auditor: Department of Health Services: Has Made Little Progress in Protecting California's Children From Lead Poisoning. Bureau of State Audits, Publication No. 98117, April 1999.
- 3) Center for Disease Control and Prevention: Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials. U.S. Department of Health and Human Services, Public Health Service, November 1997.
- 4) Childhood Lead Poisoning Prevention Branch Program Letter #99-07. California Department of Health Services, July 21, 1999.